IPDR6702	01/23/2005		TDDG	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE	: 1	
NOW DITE.	01/23/2003			ECKWRITE DATE: 01/27/2005			1	
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	550	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	H/DD/SAS			BENEFIT PACKAGE.				
		191	290	CLIENT ID NUMBER DOES NOT MATC	124	1032	1172	140
				H PATIENT NAME				
		8931	98	AMTNC INELIGIBLE TO RECEIVE SE			1	
				RVICES IN IPRS.				
3404904	WESTERN HIGHLAN	21	706	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
		0544	252					
		8511	360	CLAIM DENIED, NO BUDGET CRITER IA FOUND	145	1776	3917	2141
				IN FORE				
		8599	286	DETAIL NOT COVERED BY COMBINAT				
		1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1		DANIEL I FRURRUE.				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
		1						
		0	0					
		0			0	0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	
		-	-		U	U	U	U
							1	
3404910	PATHWAYS	8599	1662	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	717	CLAIM DENIED DUE TO INSUFFICIE	17	3287	10355	7068
				NT BUDGET	- 17	3207	10333	7000
		8511	474	CLAIM DENIED, NO BUDGET CRITER IA FOUND				
				IA FOUND				
3404912	CATAWBA COUNTYM	8511	117	CLAIM DENIED, NO BUDGET CRITER				
	ENTAL HEALT			IA FOUND				
		11	57	CLIENT NOT ELIGIBLE ON SERVICE	19	202	262	60
		1		DATE	19	202	202	30
		0021	12	AMTNC INELIGIBLE TO RECEIVE SE				
		8931	13	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				-
		+						
3404913	MECKLENBURG COM	191	11554	CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT	1		H PATIENT NAME		 		
		1						
		8329	1393	CLAIM DENIED ATTENDING PROVIDE	734	15605	21200	5595
		1		R CANNOT BE THE SAME AS	,54	13003	21230	3333
				THE LMA				
		8000	1139	NO DATE AVAILABLE ON PILE TO D				
		8000	-135	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		1						
3404916	CROSSROADS BEHA	8511	305	CLAIM DENIED, NO BUDGET CRITER				
	VIORAL HEAL	1		IA FOUND		 		
		+	 	+		1		
		8517	183	CLAIMS DENIED, SUBMITTED BEYON	2	649	2106	1457
		1		D FILING TIMELIMIT. JULY		549	2130	1437
				THROUGH APRIL DOS MUST BE SUBM				
		0510	50	OVANA DENVED CUDATERED				
		8518	58	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND				
		8518	58	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				

r							moma r	momar
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENIALS	DENTALS	FINALIZED	FAID
3404917	CENTERPOINT HUM	11	218	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		8511	125	CLAIM DENIED, NO BUDGET CRITER	4.4	546	1119	573
				IA FOUND				
		8329	118	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404918	ROCKINGHAM CO M	191	38	CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT			H PATIENT NAME				
		21	0.4	DUPLICATE OF CLAIM-SYSTEM				
		21	21	DUPLICATE OF CLAIM-SISTEM	19	108	356	248
		8935	16	ASTNC INELIGIBLE TO RECEIVE SE				
		0333	10	RVICES IN IPRS.				
 		-	-	TOTAL IN IERO.				
 		-	-					
3404919	CHILL BODD, GO :	8599	229	DETAIL NOT COVERED BY COMBINAT				-
-101713	GUILFORD CO MEN			ION OF RECIPIENT, PROVIDER AND				-
 	TAL HEALTHC	-	+	BENEFIT PACKAGE.				
 		-	+					
 		8931	62	AMTNC INELIGIBLE TO RECEIVE SE	95	437	5102	****
l		-	1	RVICES IN IPRS.	95	437	5102	4665
 		-	+					
 		-	+					
l		191	40	CLIENT ID NUMBER DOES NOT MATC				
l			1	H PATIENT NAME				
3404920	ALAMANCE CASWEL	8599	542	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
	L AREA MR D			BENEFIT PACKAGE.				
		11	57	CLIENT NOT ELIGIBLE ON SERVICE	38	710	3084	2374
				DATE	30	710	3004	23/4
		8931	27	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404921	ORANGE PERSON C	5312	3478	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		8599	164	DETAIL NOT COVERED BY COMBINAT	21	4042	6686	2644
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		27	117	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
3404922	THE DURHAM CENT	21	60	DUPLICATE OF CLAIM-SYSTEM		Ľ		
	ER							
		11	23	CLIENT NOT ELIGIBLE ON SERVICE	0	83	446	363
			1	DATE				
l								
2404000		0000	226	NO. DAME 1991 1991				
3404923	VGFW AREA AUTHO	8000	336	NO RATE AVAILABLE ON FILE TO P				
	RITY	1		RICE THIS CLAIM DETAIL				
		1	+				1	
		0511	143	CIAIM DENIED NO BUDGET COLUMN			1	
		8511	143	CLAIM DENIED, NO BUDGET CRITER IA FOUND	0	677	1664	938
 			-	III I COMP				
 			-					
 		21	64	DUPLICATE OF CLAIM-SYSTEM				-
 								-
 		-	+					
l			1					
3404925	SANDHILLS CENTE	8517	552	CLAIMS DENIED, SUBMITTED BEYON				-
l			1	D FILING TIMELIMIT. JULY				
	R FOR MH/DD		†	THROUGH APRIL DOS MUST BE SUBM				
		-	1					1
 		21	469	DUPLICATE OF CLAIM-SYSTEM	14	2327	3115	788
l			1		14	2327	3115	/88
 		-	+					
 		-	+					
l		8599	274	DETAIL NOT COVERED BY COMBINAT				
			†	ION OF RECIPIENT, PROVIDER AND				
 				BENEFIT PACKAGE.				

	T	T					1	
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENIALS	DENTALS	FINALIZED	PAID
3404926	SOUTHEASTERN RE	11	1948	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		8511	184	CLAIM DENIED, NO BUDGET CRITER	49	2561	5101	2540
				IA FOUND				
		120	102	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
				AS A NEW CERTIF				
3404927		8599	1106	DETAIL NOT COVERED BY COMBINAT				
	CUMBERLAND CO M HC			ION OF RECIPIENT, PROVIDER AND				
	nc			BENEFIT PACKAGE.				
		8505	359	CLAIM DENIED DUE TO INSUFFICIE	0	1696	1981	285
				NT BUDGET				
		8511	134	CLAIM DENIED, NO BUDGET CRITER				
				IA FOUND				
						-		
3404929	LEE HARNETT MH/	11	169	CLIENT NOT ELIGIBLE ON SERVICE				
	DD/SAS			DATE				
	1		1					
	1	0511	46	CIATM DENTED NO DUDGET CRITERIA				
	1	8511	45	CLAIM DENIED, NO BUDGET CRITER	0	221	323	102
ļ	1		-	IA FOUND				
		1						-
	 	143	3	CLIENT ID NUMBER NOT ON STATE				
		143	-	ELIGIBILITY FILE				
				BB1(1B1B111 11BB				
3404930	JOHNSTON COUNTY	21	30	DUPLICATE OF CLAIM-SYSTEM				
1	MNTL HLTHC							
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE	3	34	505	471
				RVICES IN IPRS.				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931	WAKE CO HUM SVC	8599	381	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	121	CLIENT ID NUMBER DOES NOT MATC				
		191	121	H PATIENT NAME	40	740	17144	16404
				54 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
		8000	73	NO RATE AVAILABLE ON FILE TO P				
			 	RICE THIS CLAIM DETAIL				
	+		1					
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
	1 -	1			1 -			
. —								
		0	0		0	0	0	U
		0	0		0	0	0	U
2404022		0	0	DENTI NOT COURSE TO COURSE	0	0	0	U
3404933	SOUTHEASTERN CT	8599	143	DETAIL NOT COVERED BY COMBINAT	0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	143	ION OF RECIPIENT, PROVIDER AND	0	0	0	
3404933		8599	143		0	0	0	0
3404933				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933		8599 11	143	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	36	428		
3404933				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE				
3404933				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933		11	63	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE				
3404933		11	63	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER				
3404933		11	63	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER IA FOUND				
3404933		11	63	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER				
	R FOR MH/DD	11 8511	63	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER IA FOUND				
	R FOR MM/DD	11 8511	63	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIAIM DENIED, NO BUDGET CRITER IA FOUND CLIAIM DENIED, NO BUDGET CRITER CLIAIM DENIED, NO BUDGET CRITER				
	R FOR MH/DD	11 8511	63	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER IA FOUND CLAIM DENIED, NO BUDGET CRITER IA FOUND CLAIM DENIED, NO BUDGET CRITER IA FOUND				
	R FOR MH/DD	11 8511	63	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER TA FOUND CLAIM DENIED, NO BUDGET CRITER TA FOUND FURTHER PROCESSING NECESSARY,		428	2378	1950
	R FOR MH/DD	8511	63 47	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER IA FOUND CLAIM DENIED, NO BUDGET CRITER IA FOUND FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				1950
	R FOR MH/DD	8511	63 47	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER TA FOUND CLAIM DENIED, NO BUDGET CRITER TA FOUND FURTHER PROCESSING NECESSARY,		428	2378	1950
	R FOR MH/DD	8511 8511 8500	63 47 100	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER TA FOUND CLAIM DENIED, NO BUDGET CRITER TA FOUND FUTURE PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.		428	2378	1950
	R FOR MH/DD	8511	63 47	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER IA FOUND CLAIM DENIED, NO BUDGET CRITER IA FOUND FUTTHER PROCESSING NECESSARY, FUTTHER FROCESSING NECESSARY, FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT		428	2378	1950
	R FOR MH/DD	8511 8511 8500	63 47 100	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER IA FOUND CLAIM DENIED, NO BUDGET CRITER IA FOUND CLAIM DENIED, NO BUDGET CRITER IA FOUND FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND		428	2378	1950
	R FOR MH/DD	8511 8511 8500	63 47 100	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED, NO BUDGET CRITER IA FOUND CLAIM DENIED, NO BUDGET CRITER IA FOUND FUTTHER PROCESSING NECESSARY, FUTTHER FROCESSING NECESSARY, FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT		428	2378	1950

							TOTAL	TOTAL
ROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
UMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
404935	MAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	WAYNE CO MENTAL HEALTH CTR							
		0	0		0	0	0	0
404936	WILSON-GREENE M	8511	48	CLAIM DENIED, NO BUDGET CRITER				
	ENTAL HEALT			IA FOUND				
		8800	42	FURTHER PROCESSING NECESSARY,	5	109	283	174
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	8	DUPLICATE OF CLAIM-SYSTEM				
104937		21	CA.	DUPLICATE OF CLAIM-SYSTEM				
104937	EDGECOMBE NASH	21	04	DOPLICATE OF CLAIM-SISTEM				
	MNTL HLTH C							
		8511	45	CLAIM DENIED, NO BUDGET CRITER	0	169	343	174
				IA FOUND				
	1							
		8505	36	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
404938	VGFW DBA RIVERS	8511	136	CLAIM DENIED, NO BUDGET CRITER				
	TONE COUNSE			IA FOUND				
		-						
		8599	32	DETAIL NOT COVERED BY COMBINAT	10	192	1881	1689
				ION OF RECIPIENT, PROVIDER AND	10	132	1001	1003
				BENEFIT PACKAGE.				
		24	11	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
				CODE/TIFE OF SERVICE COMBINATI				
404939	NEUSE MENTAL HE	8511	106	CLAIM DENIED, NO BUDGET CRITER				
	ALTH CENTER			IA FOUND				
		11	94	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	252	288	36
				2012				
		8800	51	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
404941		11	221	CLIENT NOT ELIGIBLE ON SERVICE				
	PITT CO MH/DD/S AS CENTER			DATE				
	no carrait							
-		8599	74	DETAIL NOT COVERED BY COMBINAT	17	416	1454	1038
				ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.				
		8329	38	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
			176					
104942	ROANOKE CHOWANH	8511	176	CLAIM DENIED, NO BUDGET CRITER				
	UMAN SERVIC			IA FOUND				
		8800	37	FURTHER PROCESSING NECESSARY,	5	255	625	370
				PLEASE CHECK FOR CLAIM ON	-			
				FUTURE RA'S.				
		0500	26	DESTIT NOS COMEDED DY COMPANY				
		8599	26	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
104943	ALBEMARLE MENTA	11	24	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		2522						
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	20	123	785	662
		<u> </u>		BENEFIT PACKAGE.				
		1						
		8931	13	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
					-			

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER WANE				DENIALS	DENTALS	FINALIZED	FAID
3404944		8511	232	CLAIM DENIED, NO BUDGET CRITER				
	EASTPOINTE HUMA			IA FOUND				
	N SERVICES			11 1000				
		11	66	CLIENT NOT ELIGIBLE ON SERVICE				
		11	00	DATE	14	362	1915	155
				DATE				
		8000	31	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404946	FOOTHILLS AREAM	11	533	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	375	DETAIL NOT COVERED BY COMBINAT	11	1173	3133	196
				ION OF RECIPIENT, PROVIDER AND		11/3	3133	190
				BENEFIT PACKAGE.				
				DENTE I INCHION.				
		8000	224	NO RATE AVAILABLE ON FILE TO P				
		0000	224	RICE THIS CLAIM DETAIL				
				RICE THIS CLAIM DETAIL				
3404957	TIDELAND MENTAL	8000	97	NO RATE AVAILABLE ON FILE TO P				
	HEALTH CTR			RICE THIS CLAIM DETAIL				
		8599	93	DETAIL NOT COVERED BY COMBINAT	20	341	3329	298
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	84	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
	+	+	1		1			
3404979		8505	2109	CLAIM DENIED DUE TO INSUFFICIE				
3404373	NEW RIVER AREAM	0303	1100	NT BUDGET	1			
	H/DD/SA PRO	+	1	W. 202021	-			
			44.0					
		8800	413	FURTHER PROCESSING NECESSARY,	12	2560	3140	58
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	18	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				